

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	8/13/03	2 Serial/Patent #	09/829619
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
	Filing		\$
	Amendment		\$
	Extension of Time		\$
	Notice of Appeal/Appeal		\$
<input checked="" type="checkbox"/>	Petition	10	6/2/03 \$ 130
	Issue		\$
	Cert of Correction/Terminal Disc.		\$
	Maintenance		\$
	Assignment		\$
	Other		\$
		7 TOTAL AMOUNT OF REFUND	\$ 130
8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check	
	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:
	Duplicate Payment	<input checked="" type="checkbox"/>	50-1604
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	Incorrect fee for set under 37 CFR 1.78(a)(3)	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME:		TITLE: <i>Pats Elin</i>	
SIGNATURE: <i>Elin F. Dickes</i>		PHONE: 305-8680	
OFFICE: 4780		*****	
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: <i>Office Kelly</i>		DATE: 8/13/03	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20=	* 0
INDEPENDENT CLAIMS	2 minus 3=	* 0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

OTHER THAN
SMALL ENTITY
OR

RATE	FEES
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	355

RATE	FEES
BASIC FEE	710.00
X\$18=	
X80=	
+270=	
TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR			PRESENT EXTRA
		MINUS	**	=	
Total	* 28	Minus	** 20	= 8	
Independent	* 3	Minus	*** 3	= -	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>		

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	72 ⁰⁰
X40=	
+135=	
TOTAL ADDIT. FEE	72 ⁰⁰

RATE	ADDI- TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR			PRESENT EXTRA
		MINUS	**	=	
Total	*	Minus	**	=	
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>		

RATE	ADDI- TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR			PRESENT EXTRA
		MINUS	**	=	
Total	*	Minus	**	=	
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>		

RATE	ADDI- TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.